

1. CIR./DIST./DIV. CODE TXS		2. PERSON REPRESENTED MARTINEZ, ARNOLD WILLIAM		VOUCHER NUMBER 140812000003																																																																																																																																																													
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 2:02-000220-001		5. APPEALS DKT./DEF. NUMBER																																																																																																																																																													
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) US v. MARTINEZ, ET AL		8. PAYMENT CATEGORY Other																																																																																																																																																													
9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See Instructions) Supervised Release		11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.																																																																																																																																																													
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS LEMANSKI, SCOTT F. 400 Mann Street Suite 700 Corpus Christi TX 78401  Telephone Number: _____		13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input checked="" type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in item 12 is appointed to represent this person in this case, <input checked="" type="checkbox"/> Other (See Instructions) <i>Grace Chavez</i> Signature of Presiding Judicial Officer or By Order of the Court 08/11/2014 Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																																																															
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)																																																																																																																																																																	
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### Notice to CJA Panel Attorneys

Please submit vouchers for payment no later than 45 days after the final disposition of the case, unless good cause is shown. *Guide to Judiciary Policies and Procedures*, Vol. VII, Chap. II, Pt. C, Sec. 2.21. Vouchers submitted after the expiration of the 45-day period must include a statement explaining the reason(s) for the delay.

Delayed vouchers adversely affect the CJA budgeting process. Failure to timely submit vouchers for payment may result in delay or denial of payment.

You **MUST** submit vouchers with expense worksheets. You can download the worksheets from [www.txs.uscourts.gov](http://www.txs.uscourts.gov) - go to District Court, then under the Miscellaneous Links/Documents section, click on CJA Appointment Information. The Expense Worksheet is located in the Forms section.

Effective 7/24/06, the **original** CJA voucher will **NOT** be mailed to the appointed attorney. The copy of the voucher, which you received by either email or fax, is sufficient for processing.